A simple mnemonic for the diagnostic criteria for post-traumatic stress disorder

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Post-traumatic stress disorder (PTSD) is a common anxiety disorder with a lifetime prevalence of about 8%. In the United States, it is thought to affect 5% of men and 10% of women.

Because PTSD shares symptoms with other psychiatric conditions such as generalized anxiety disorder, panic disorder, depression, and substance abuse disorder, it is sometimes difficult to identify in a primary care setting.

I describe a simple mnemonic that could help primary care physicians to recall the diagnostic criteria for PTSD.

DIAGNOSTIC CRITERIA FOR PTSD

The American Psychiatric Association characterizes the clinical presentation of PTSD by the presence of several symptom clusters that can be remembered by the mnemonic "TRAUMA"³:

- A Traumatic event occurred in which the person experienced, witnessed, or was confronted by actual or threatened serious injury, death, or threat to the physical integrity of self or other and, as a response to such trauma, the person experienced intense helplessness, fear, and horror
- The person Reexperiences such traumatic events by intrusive thoughts, nightmares,

- flashbacks, or recollection of traumatic memories and images.
- Avoidance and emotional numbing emerge, expressed as detachment from others; flattening of affect; loss of interest; lack of motivation; and persistent avoidance of activity, places, persons, or events associated with the traumatic experience
- Symptoms are distressing and cause significant impairment in social, occupational, and interpersonal functioning (patients are Unable to function)
- These symptoms last more than 1 Month
- The person has increased Arousal, usually manifested by startle reaction, poor concentration, irritable mood, insomnia, and hypervigilance

The diagnosis of PTSD can be made with reasonable accuracy by relying on these diagnostic criteria, although additional psychological tests and rating scales have been specifically designed to identify the disorder.⁴ The mnemonic can be used in primary care as an aid in recalling the diagnostic criteria for PTSD.

CONCLUSION

Although numerous scales, checklists, questionnaires, and web sites are now available to

supplement the diagnostic evaluation of PTSD, primary care physicians usually lack the luxury of time to consult such diagnostic aids. Mnemonics are commonly used in medical education to support the clinical and differential diagnosis of various medical conditions, but they are not a substitute for clinical assessment and judgment. The proposed mnemonic is not an alternative for consulting PTSD diagnostic criteria. Rather, it is suggested as a tool to assist physicians to remember clinical criteria that might otherwise seem too numerous to recall.

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